



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln No.: 09/681,403
Applicants: Tore Fosse et al.
Filed: March 29, 2001
For: VEHICLE STEERING
WHEEL
TC/A.U.: 3616
Examiner: Deann L. Draper
Docket No.: 79235
Customer No.: 22242

Confirmation No. 3278

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.

3/3/04
Date

Stephen S. Favakeh
Registration No. 36,798
Attorney for Applicant(s)

AMENDMENT

Mail Stop NON-FEE AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

RECEIVED
MAR 11 2004
GROUP 3000

Sir:

In response to the outstanding Office Action mailed December 3, 2003, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begin on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.

An **Appendix** including marked-up drawing figures is attached following page 6 of this paper.



AR/3616

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

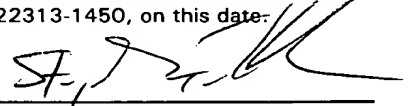
Appln No.: 09/681,403
Filed: 03/29/2001
Applicant(s): Tore Fosse et al.
For: VEHICLE STEERING WHEEL
Art Unit: 3616
Examiner: Deann L. Draper

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03/03/04
Date


Stephen S. Favakeh
Registration No. 36,798
Attorney for Applicant(s)

Attorney Docket No.: 79235
Customer No.: 22242

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Mail Stop NON-FEE AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment/reply in the above-identified application.

- ☒ A paper requesting correction/substitution of drawings is attached.
- ☒ No additional fee is required.

Fee Calculation For Claims As Amended

	As Amended	Previously Paid For	Present Extra	Rate	Additional Fee
Independent Claims	1	9	** = 0	x \$ 84.00	= \$ 0.00
Total Claims	3	26	* = 0	x \$ 18.00	= \$ 0.00
Fee for Multiply Dependent Claims				\$ 280.00	
** At least 3				Total Additional Fee	\$ 0.00
* At least 20					

- ☐ Applicant(s) assert entitlement to Small Entity Status, thus reducing the fee by half to:

\$ 0.00

- ☐ A check in the amount of \$ _____ is attached.

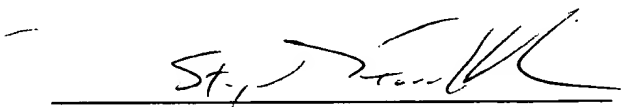
Application No. 09/681,403
Amendment dated March 3, 2004
Reply to Office Action of December 3, 2003

☐ Charge \$_____ to Deposit Account No. 06-1135.

☒ The Director is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 06-1135. Should no proper payment be enclosed herewith, the Director is authorized to charge the unpaid amount to Deposit Account No. 06-1135. A duplicate copy of this sheet is enclosed.

March 3, 2004

Date



Stephen S. Favakeh
Registration No. 36,798

FITCH, EVEN, TABIN & FLANNERY
120 South LaSalle Street, Suite 1600
Chicago, Illinois 60603-3406
Telephone: (312) 577-7000
Facsimile: (312) 577-7007